

Medicare Guidelines

Medicare is a federal health insurance program for retirees age 65 or older and certain disabled people. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Medicare Part B covers physician care, diagnostic x-rays and lab tests, and durable medical equipment. Medicare Part D is a federal prescription drug program.

When you or your spouse is age 65 or over, or if you or your spouse is disabled, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage.

If you (the insured) continue working after age 65, you and your spouse do NOT enroll in Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.



When you (the insured) retire:

- If you and/or your spouse are eligible for Part A for free, state law requires that you and/or your spouse must enroll in Medicare Part A and Part B to be covered by the GIC.
- You must join a Medicare plan sponsored by the GIC to continue health coverage. These plans provide comprehensive coverage for some services that Medicare does not cover. If you and your spouse are Medicare eligible, you must enroll in the same Medicare plan.
- You MUST continue to pay your Medicare Part B premium. Failure to pay this premium will result in the loss of your GIC coverage.

Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree) or your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare.

If this is the case, you must enroll in one of the pairs of plans listed below:

Health Plan Combination Choices – State retirees, deferred retirees and former employees receiving continuation coverage

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Community Health Plan Direct Care	Fallon Senior Plan
Fallon Community Health Plan Select Care	Fallon Senior Plan
Harvard Pilgrim Independence Plan (<i>note coverage area on page 10</i>)	Harvard Pilgrim Medicare Enhance
Health New England	Health New England MedPlus
Navigator by Tufts Health Plan	Tufts Medicare Complement
Navigator by Tufts Health Plan	Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/Community Choice	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/PLUS	UniCare State Indemnity Plan/Medicare Extension (OME)

Health Plan Combination Choices – GIC Retired Municipal Teachers (RMTs who do not participate in the municipality health-only program) and Elderly Governmental Retirees (EGRs)

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Community Health Plan Direct Care	Fallon Senior Plan
Fallon Community Health Plan Select Care	Fallon Senior Plan
Health New England	Health New England MedPlus
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/Medicare Extension (OME)

How to Calculate Your Rate

See pages 11-12 and 14 for the rates.

Medicare Couple

Find the "Retiree Pays Monthly" premium for the Medicare Plan in which you are enrolling and double it for your monthly rate.

Retiree and Spouse coverage if under and over age 65

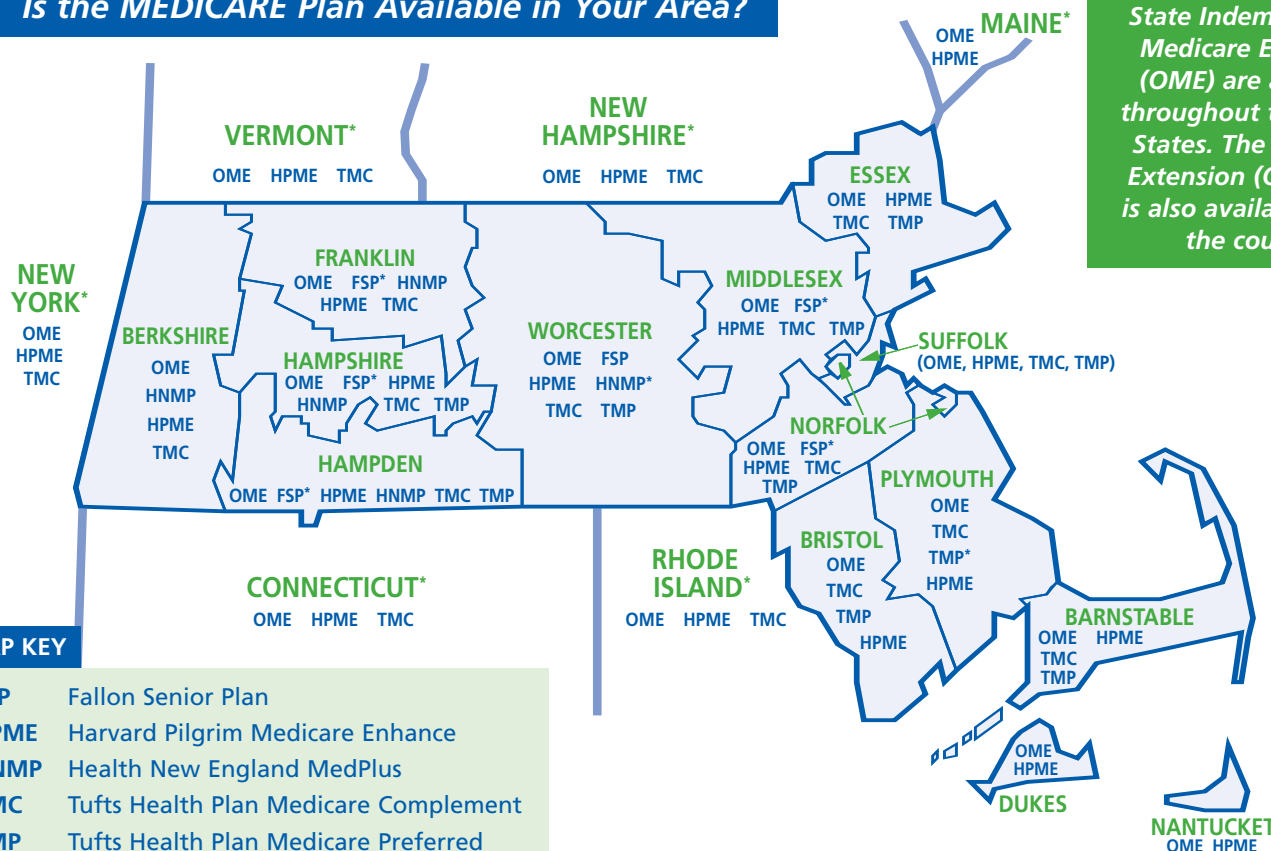
1. Find the "Retiree Pays Monthly" premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling.
2. Find the "Retiree Pays Monthly" individual coverage premium for the Non-Medicare Plan in which the Non-Medicare retiree or spouse will be enrolling.
3. Add the two premiums together; this is what you will pay monthly.

If you have two Medicare enrollees and a Non-Medicare dependent, double the Medicare premium and add the individual coverage Non-Medicare plan premium to calculate your monthly premium.

Helpful Reminders

- Call or visit your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. See the chart below.
- You may change GIC Medicare plans only during annual enrollment, unless you move out of your plan's service area. Note: Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2009. These plans automatically include Medicare Part D prescription drug benefits. Contact the plans for additional details.

Is the MEDICARE Plan Available in Your Area?



Harvard Pilgrim Medicare Enhance and the UniCare State Indemnity Plan/Medicare Extension (OME) are available throughout the United States. The Medicare Extension (OME) plan is also available out of the country.

* Plans may not be available in every city and town in this county or state. Call the plans for their specific city and town coverage.



Medicare Part D Prescription Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the federal Medicare Part D drug plans being offered. Therefore, you should not enroll in a federal Medicare drug plan.

- A “Creditable Coverage Notice” is in your plan handbooks and is also available on our website. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in a Medicare drug plan because of changed circumstances, you must show this notice to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan and Tufts Health Plan Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically disenroll you from your GIC Medicare Advantage health plan, which will result in the loss of your GIC coverage.
- If you have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage; this may be the one case where signing up for a Medicare Part D plan may work for you. Help is available on-line at www.ssa.gov or by phone at 1.800.772.1213.

Multi-Tier Drug Co-payment Structure

All GIC health plans provide benefits for prescription drugs using a three-tier co-payment structure in which your co-payments vary depending on the particular drug dispensed. The following descriptions will help you understand your prescription drug co-payment levels. Contact plans you are considering with questions about your specific medications. *See pages 16-30 for the corresponding co-payment information.*

Tier 1 (Generics): This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same dosage form and strength as their brand name counterparts. They cost less because they do not have the same marketing and research expenses as brand name drugs.

Tier 2 (Preferred Brand Name): This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Costly generics may also be included.

Tier 3 (Non-Preferred Brand Name): This tier is primarily made up of brand name drugs not included in Tier 1 or Tier 2. They have generic or brand alternatives in Tiers 1 or 2.

Prescription Drug Programs

Some GIC plans, including the UniCare State Indemnity Plans’ prescription drug program managed by Express Scripts, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

Step Therapy – This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.

Mandatory Generics – When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, plus the generic co-pay.

Specialty Drug Pharmacies – If you are prescribed specialty medications, primarily injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis, you’ll need to use a specialized pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or to your doctor’s office.



Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, allergies, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money – up to one co-pay every three months. *See pages 16-30 for co-pay details.* Once you begin mail order, you can conveniently order refills by phone or Internet. Contact your plan for details.

FALLON SENIOR PLAN

Plan Overview

Fallon Senior Plan is a Medicare Advantage HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Fallon Senior Plan is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2009.

Benefits Effective January 1, 2008

- **Physician Office Visit and Preventive Care**
100% after \$10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care**
100%
- **Inpatient and Outpatient Surgery**
100%
- **Emergency Room**
100% after \$50 per visit (*waived if admitted*)

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$80

Eligibility

Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Fallon Senior Plan is available in the following Massachusetts county:

Worcester

Fallon Senior Plan is *partially* available in the following Massachusetts counties:

Franklin	Middlesex
Hampden	Norfolk
Hampshire	

The plan may not be available in every city and town in these counties. Contact the plan for details.

Monthly Rates as of January 1, 2008

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Senior Plan
1.866.344.4442
www.fchp.org

HARVARD PILGRIM MEDICARE ENHANCE

Plan Overview

Harvard Pilgrim Medicare Enhance is a new supplemental Medicare plan, offering coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment.

Benefits Effective July 1, 2008

- **Physician Office Visit and Preventive Care**
100% after \$10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care**
100%
- **Inpatient and Outpatient Surgery**
100%
- **Emergency Room**
100% after \$50 per visit (*waived if admitted*)

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$35	Tier 3: \$105

Eligibility

Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their dependents with Medicare Part A and Part B are eligible, regardless of where they live in the United States.

Service Area

The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States.

Monthly Rates as of July 1, 2008

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional information.

Harvard Pilgrim Medicare Enhance
1.800.542.1499
www.harvardpilgrim.org

HEALTH NEW ENGLAND MEDPLUS

Plan Overview

Health New England MedPlus (formerly known as MedRate) is a Medicare HMO option that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2008

- **Physician Office Visit and Preventive Care**
100% after \$10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care**
100%
- **Inpatient and Outpatient Surgery**
100%
- **Emergency Room**
100% after \$50 per visit (*waived if admitted*)

Prescription Drug Co-payments

Retail up to 30-day supply:

Tier 1: \$10
Tier 2: \$20
Tier 3: \$40

Mail Order up to 90-day supply:

Tier 1: \$20
Tier 2: \$40
Tier 3: \$120

Eligibility

Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Health New England MedPlus is available in the following Massachusetts counties:

Berkshire	Hampden
Franklin	Hampshire

Health New England MedPlus is *partially* available in the following Massachusetts county:

Worcester

The plan may not be available in every city and town in this county. Contact the plan for details.

Monthly Rates as of July 1, 2008

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England MedPlus

1.800.842.4464
www.hne.com

TUFTS HEALTH PLAN MEDICARE COMPLEMENT

Plan Overview

Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2008

- **Physician Office Visit and Preventive Care**
100% after \$10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care**
100%
- **Inpatient and Outpatient Surgery**
100%
- **Emergency Room**
100% after \$50 per visit (*waived if admitted*)

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$8	Tier 1: \$16
Tier 2: \$20	Tier 2: \$40
Tier 3: \$35	Tier 3: \$70

Eligibility

Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Complement is available in the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester

Tufts Health Plan Medicare Complement is also available in the following other states:

Connecticut	Rhode Island
New Hampshire	Vermont
New York	

Coverage may not be available in every city and town in these states; contact the plan for more specific coverage information.

Monthly Rates as of July 1, 2008

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Tufts Health Plan Medicare Complement
1.888.333.0880
www.tuftshealthplan.com

TUFTS HEALTH PLAN MEDICARE PREFERRED

Plan Overview

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Tufts Health Plan Medicare Preferred is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan for details and to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2009.

Benefits Effective January 1, 2008

- **Physician Office Visit and Preventive Care**
100% after \$10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care**
100%
- **Inpatient and Outpatient Surgery**
100%
- **Emergency Room**
100% after \$50 per visit (*waived if admitted*)

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$80

Eligibility

Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Preferred is available in the following Massachusetts counties:

Barnstable	Middlesex
Essex	Norfolk
Hampden	Suffolk
Hampshire	Worcester

Tufts Health Plan Medicare Preferred is *partially* available in the following Massachusetts counties:

Bristol	Plymouth
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The plan may not be available in every city and town in these counties. Contact the plan for details.

Monthly Rates as of January 1, 2008

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Tufts Health Plan Medicare Preferred
1.888.333.0880
www.tuftshealthplan.com